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CALIFORNIA MEDICAL JOURNAL.

A Monthly Devoted to the Advancement of
Medicine, Surgery, and the Collateral Sciences.

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Medical Letters may be addressed to:

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THE *CALIFORNIA*MEDICAL*JOURNAL.*

VOL. II. SAN FRANCISCO, CAL., MARCH, 1891. No. 3

The Board of Examiners of the Electric Medical Society of California, will meet throughout the regularly year at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain.
Put a given word. place before it in your MS

ERRATA:—The first five lines at the top of page 109 should
be at the top of 108

BY C. N. MILLER, M. D., PROFESSOR.

Ladies and Gentlemen: Anatomy is an exact science. In acquiring its facts, there is but little opportunity for theorizing; neither can we derive much help from deduction or induction, or any of the processes of logic or reasoning.

It is a study that has to do with the perceptive rather than with the reflective faculties. If careful inspection has never revealed the windings and intricacies of the sphenoid bone, no possible method of reasoning can determine its shape and points of interest.

A knowledge of Anatomy must be acquired with the eyes and with the fingers, and, in spite of the nose. It is what you observe with wide-open eyes, and what you can after-

ward see with the eyes closed, that will be of any practical value to you in your calling. What can you locate, what can you describe, and can you swear to it? These are the questions with which to test your knowledge of anatomy. The opening page of your note-book should be headed with the motto "Observe and Remember."

Your knowledge must be acquired in the dissecting room. The cadaver is your text book. All others are of little value; and least of all, a "Quiz Compend." A Quiz Compend is a sort of pons asinorum, and no other creature will ever make use of one. You would be disappointed if I failed to say that.

It is unfortunate that our study must be pursued amid such unpleasant surroundings. Death and decay are always hideous. But death and decay, in our study, are only secondary, not principals. They are of no interest to us whatever, no interest save as a means to an end. We learn the anatomy of the living, not of the dead. God never made a dead body. While in form and feature it was being fashioned, it was pulsating and thrilling with life. The study of any of the forms and manifestations of life is ever interesting and fascinating. Living matter, in its perfection, with its strange and bewilderingly intricate mechanism, is always wonderful, always beautiful.

The science of anatomy comprises but a vast collection of separate facts; facts that have no dependence upon each other. It cannot be formed into a study in which, from the known we can deduce the unknown.

Because the femur is long, cylindrical and hollow, we can not from that fact determine the shape of the scapula. Each anatomical fact must be discovered by itself. Hence the study of anatomy implies a vast amount of labor, but our fascination with the work should become greater day by day.

We are so constructed that labor for its own sake is hateful to us. We love those studies best, that we understand the best, and so are easiest for us. We *love* to do those things that we can do easily and well, and "the labor we

delight in physics pain." The study of anatomy then, will afford you pleasure just in proportion as you master it, and it becomes easy for you.

If you do not like anatomy, never own it, for it is proof positive that you know but little about it. If you do not like dissecting, never say so, for it is but acknowledging that you can not dissect well.

Be inspired with a determination to master the science. It is inspiration that you want, not perspiration. "In the case of inspirational action, every part of yourself is interested and occupied without division or strain. Perfect harmony of action in your entire being invigorates every part, and does not permit of weariness. It is forced and mechanical effort that is exhausting and demoralizing, and wins but half the battle."

Dissection must be to you, inspirational and interesting work, and not chain labor. Do not try to slip through your course with a desire to do only the least possible dissecting that the college rules permit. Boast of how much dissecting you have done, not of how little.

Aid the janitor in keeping the dissecting room neat and clean. Usually the unnecessary odors, those arising from scraps and filth are worse than those that are unavoidable. Do not wear gloves in the dissecting room, and remember that fingers were made long before forceps. Be not afraid of soiling your hands, soap is cheap and water is free. Finally, if you do not like your medicine, take it in larger doses.

One thing more; to complete the labors of your college course successfully, you must have good health. Great scholars have always been great workers, and a genius is a person with great capacity for labor. That you may labor continuously and successfully, you must be well.

If health be not subject to law, if disease and death are beyond our avoidance, and imposed upon us by some unknown and mysterious, power over which we have no control, of what avail is it that we study medicine at all?

Man has no power to work miracles, nor to set aside the laws of nature. Therefore if it be possible by human agency to ameliorate physical suffering, or to prolong life, by so much even as a single pulse-beat, it must follow that life, and health, upon which life depends, are subject to law.

This is undoubtedly true. "Law, whose voice is the harmony of the universe, and whose home is the bosom of God," has as perfect sway over human life as over any other department of God's providence. Then, if health be subject to law, we should be ashamed to be ill. It shows, always and everywhere, that we have been doing wrong.

All that Nature owns, she is constantly healing. The life forces in every living body, work always and constantly toward preservation. By divine legacy, health is man's birthright. From the cradle to the grave, there is not a moment of illness that does not come from an infraction of some of the laws of life. If he did not believe this, who would be so impious as to ever feel a pulse, or prescribe a dose of medicine?

Theoretically, it is possible for man to live from birth to the natural decay of all his powers, or death from old age, without a moment of illness. It is not to be supposed that at present all the laws of health are known, not by any means; on the contrary, it is a subject concerning which there is the densest ignorance. Men have been so eagerly searching for the pound of cure, that they have entirely lost sight of the ounce of prevention.

But the ounce of prevention exists; and, further, there is no balm in Gilead, nor lymph in Berlin so potent as to render it possible for man to transgress the laws of health, and escape without some sort of physical punishment.

If half the energy that is now spent in seeking out remedies for disease, were devoted to finding out how to altogether prevent disease, within twenty years the world would have no occasion for doctors. Funeral bells would not be forever tolling in our ears, and cries of mourning would be changed to songs of gladness.

Would that be hard on doctors? Well, be it so. I am not one of those who believe that disease, suffering, death and sorrow are legitimate sources of revenue. If the world could exchange its swarms of doctors for universal health, it would be a good bargain.

Then remember, if you are ill, you are surely doing something wrong. Find what it is, then cease to do evil and learn to do well. Be wisely thoughtful of what you eat, of what you drink, of what you breathe, and wherewithal you are clothed.

One practical suggestion, and we must hasten to our work. More harm will likely come to you from what you take into your mouth and nose than from any other means. Avoid fruit and sewer gas. Breathe pure air. Eat Porter-house, lamb chops, eggs, oysters and spring chicken, with a minimum of good bread and choice vegetables. Do this, and send me your doctor bills; but please do not include your butcher bills.

“When you go from home to dine,
You’ll not refrain from cake and wine.”

“Occasional transgressions seldom or never result in disease. We must look to those things to which we are frequently, continuously and at fairly regular intervals, exposed, to find the cause of our ill health.”

But, to paraphrase Shakespeare, it is easier to tell twenty what they ought to do, than to be one of the twenty to do it myself. Art is long, and there is no time for scolding, and so, hoping our term may be one of hard but pleasant and successful labor, we will begin our Spring’s work—the study of the nervous system.

THE COMPARATIVE PSYCHOLOGY OF MAN AND WOMAN

BY GEORGE P. BISSELL, M. D.

HERBERT SPENCER divided the sentiments into two classes, the egotistic, which relate to the individual himself, and the altruistic, which relates to the race at large. Taking up the classification, Professor Leconte showed that the altruistic sentiment have their origin in the sexual system. Adopting the division with the explanation attached, it will be the basis of this comparison.

It may be unfortunate that we have no normal standard to which to apply as a criterion; but such is the case. The best that we can do if we desire an absolute standard is to appeal to pure reason, and erect an arbitrary ideal; but that ideal will vary with each person's varying thought: therefore the next best we can do is to take each sex in the mass to make comparison.

Man is far from being perfect. He is swayed by his passions to the utter prostration of reason in many cases, and in all cases to some extent; for he has not yet outgrown his infantile status so far that he can discern pure reason, less take its dictates as his guide. But I think that an impartial judgment will affirm that where he swerves from a true line it is always to make an egotistic gain. As Burns says, "When self the trembling balance holds. 'Tis rarely right adjusted." It must be understood that I speak of the mass.

Bacon took bribes; Cæsar, Cromwell Napoleon seized sovereign power. Law-makers have always favored classes. Judges are guided by president. Every science encounters prejudice. Selfishness runs through all man's actions, whether for glory, riches or fame. Hence he is eminently practical. The line of his thought is a straight line. He has a clear view of the object and drives directly toward it. His virtues stand out conspicuous, and his vices are marked by a hideous-

ness that admit of no cloak or covering. For good or for evil he is straightforward and unswerving.

Not so is woman constituted. She always employs subterfuge. Her truest steps are wayward still. She approaches every subject by an indirection. Her first and constant thought is to attract admiration. This trait is so prominent that every schoolboy sees it and remarks on it. To this end she will follow any fashion, no matter how great its absurdity. In the fullest development of her reason, she is still but an infant, but always an infant terrible. Under the velvet touch of her hand are always concealed the lacerating claws. Toward her own sex she is jealous, unjust and revengeful. Toward the male she is pliant, undermining and insincere.

All the differing characteristics are foreshadowed in the anatomy of the two sexes. Man tapers from his shoulders, his greatest breadth, to his feet. He is formed for straightforward robustness. Woman tapers from her hips both to her feet and to her shoulders. Her sexual system has greatest prominence, both in her anatomy and in her psychology.

Not content with what nature has done for her in this respect, she uses every device of dress to enhance it. She deforms herself with hoops, and looks like a churn on pedestals. She makes an enormous protuberance like that natural to Hottentot women, and wears low-necked dresses to call attention to the sexual system. Like the child and the savage, she delights in glaring colors, and arranges them with little respect to harmony. The fashion of her garments is continually changing and is all awry, for the purpose of attracting attention to herself.

In every act of life the altruistic sentiment shows. Her affections overbear her reason. If her son is worthless, a spendthrift and a thief, she will shelter him and either directly or indirectly encourage him to his downfall. Toward her daughter she will show no such weakness; but a spite which is as deleterious in its effects. Toward son or husband who defers to her in business matters, she will develop

a habit of nagging which is to him like the bite of a flea, a continuous irritation, and she will do with best intentions and wonder wherein offence could have been given.

Her mind lacks the judicial quality. If her affections are engaged, she excuses anything and everything in the conduct of the object of her affections, so long as the consequences of that conduct does not come to herself and strike her personally. But if these consequences do fall on her, then woe betide the victim of her wrath, if she sees her way to revenge. And the path to her revenge is as sinuous as her other actions. She will cheat her busy husband with pretense of affection up to the very moment of irrevocable desertion.

Patriotism pure simple never touched her mind. She is a hero worshiper. If her hero chances to be defending her country, she is capable of most exalted acts of patriotism. But never did an invading host vex a land, but it found in woman an efficient ally. Her affections go out to one of the invading host, and all else is forgotten and sacrificed to him.

In one word, man delights in business; woman in affection. Man is ruled by selfishness tempered by reason; woman is swayed by passion, conducted by pride. Well had he read his characteristics who said: "Hell hath no fury like a woman scorned."

John Muir, M. D., Member College Physicians and Surgeons, Ontario, Canada, Ex-Vice-President Ontario Medical Council, says:

"I take pleasure in saying that I have found PAPINE (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than usually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

SUPPORT THE CALIFORNIA MEDICAL JOURNAL.

BY JOHN FEARN, M. D., OAKLAND, CAL.

After passing through some strange vicissitudes, for which the editors were not altogether to blame, the CALIFORNIA MEDICAL JOURNAL is again on its rounds, and, from what we know of the spirit which actuates the men who have again taken it up, we feel sure that the JOURNAL will not disappoint its many friends.

Eclecticism is a success on this coast. When first the writer came here in 1877, Eclectic drugs were not to be found, and if the leading wholesalers were asked if they would not procure supplies, they would look at you in astonishment and leave you with the impression that in their opinion at least Eclectics would never amount to anything on this coast. Now this is all changed. At the great centers of population in the states of California, Oregon, Washington, etc., the incomparable remedies of Lloyd Bros. and Wm. S. Merrill can be found. Every year good men have been coming to the state of California. The California Medical College has been turning out its graduates year after year, and every one of these men, who have been true to their cause and to themselves, have prospered, and are now doing well, and still the cry is for more Eclectic physicians. And now the problem which faces us as a school is this: how shall we perpetuate the success already achieved? and still continue to lengthen our cords and strengthen our stakes on this coast, and thus make it impossible for any set of designing men to rob us of our liberties.

The answer is this—to keep what we have gained, and still as a school make further headway. Every physician who professes to be Eclectic must be true to himself and to our cause. The old theory, everyone for himself and the Devil take the last one, is all very well for a man who is wrapt up in selfishness and pretty well to the front; but if he happens to be in the rear when the Devil comes along,

his experience is not apt to be very pleasant. He would like a brother's help about that time.

The wise man well said, "He that would have friends must show himself friendly." Take any party, either Religious, Political, Medical or what not, and the greatest success scored by that party will be when the party is united, all pulling one way and all pulling together. But how shall our men know when and how and which way to pull. Certainly not by natural intuition. There must be some rallying point. There must be some medium of communication, and what can fill the bill under these circumstances so well as a good medical journal. We feel assured that for our best success on this coast a medical journal is a necessity. The first prerequisite for the success of this journal will be financial backing. That none amongst us may say, I am too poor, the JOURNAL has been put at the low figure of \$1.00 per year. At this figure every man amongst us should subscribe for it, and also get his friends to subscribe for it, and interest himself in getting help for it by advertisements, etc., etc.

In the second place, our men must write for it; interesting cases in Surgery and Medicine must be reported. There is an impression outside that we as Eclectics do little or no surgery. Why, the fact is, that during the last three years some of the most successful surgery done on this coast has been done by members of our school, and yet no one outside a very small circle knows a word about it. Every now and then I am receiving reports of surgery done by other physicians of other schools. These reports are sent far and wide, advertising their authors, and the few dollars thus spent come back in other operations an hundred fold. Now, we do not need to print reports of our cases in special pamphlet form. We can leave that kind of advertising to men who are sticklers for the code. But we can modestly report these cases in our journal. Do not make the mistake to think that none but the profession will read the JOURNAL. I know the laity read medical journals to their own and our advantage.

Then, friends, let us hear from you all along the line. Some who are great sticklers are afraid if they should write the printer will spoil the sense of their papers. Don't friends, be so thin-skinned; with all its mistakes in the past, the CALIFORNIA MEDICAL JOURNAL has been far ahead of some of its more pretentious competitors on these grounds, and if you will only enclose a stamp, I feel assured the editors will very gladly let you correct your own proof. Then you can have no cause of complaint.

In conclusion, I repeat, Let us as a school support our JOURNAL and it will support us. Assembly Bill No. 240 could never have made the progress it has if our JOURNAL had been in vigorous life. The bill was introduced so stealthily that if it had not been for the watchful care of a few, lots of physicians in this state would never have known of the existence of Assembly Bill 240 till it had become the law of the land, and a disgrace to the laws of our state.

Therefore, as a measure of self-defense, and for the honor of our cause, as well as from the instruction you expect to receive from its pages, support the CALIFORNIA MEDICAL JOURNAL. Do it with your dollars, do it with your pens, and do it with your influence every time.

ALPHABETICAL MEDICAL CATECHISM.

BY A. E. SCOTT, M. D.

Professor of Diseases of Children, in California Medical College.

Q. What is the best antiseptic?

Ans. Pyoktanin.

Q. What is the best bladder medicine?

Ans. Eryngium.

Q. What is the best cartharic?

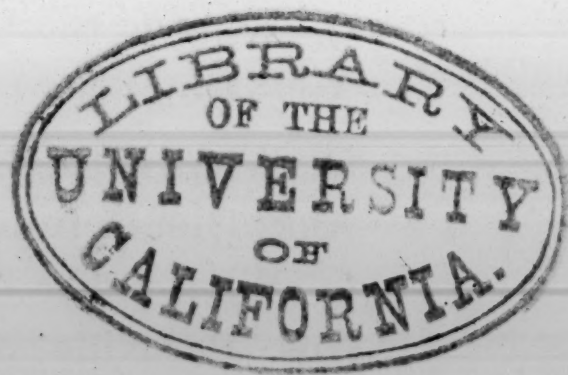
Ans. Juglan's Cinerea.

Q. What is the best disinfectant.

Ans. Carbolic acid.

Q. What is the best in eclampsia?

Ans. Chloroform.



Q. What is the best food [artificial] for infants?

Ans. Properly prepared cow's milk.

Q. What is the best remedy in gastritis?

Ans. Hot water.

Q. What is the best in headache?

Ans. Brotopyrin.

Q. What is the best infant powder.

Ans. Lycopodium.

Q. What is the best jaundice remedy.

Ans. Chionanthus.

Q. What is the best kidney remedy?

Ans. Drink hot water only.

Q. What is the best liver medicine?

Ans. Chelidonium Maj.

Q. What is the best migraine remedy?

Ans. Antipyrin.

Q. What is the best nerve tonic?

Ans. Elix Ferri Quinia et Strychnia.

Q. What is the best ovarian remedy?

Ans. Viburnum Prunif.

Q. What is the best pile remedy, internal?

Ans. Aesculus glabara.

Q. Why is quinine used so much by the old school?

Ans. Give it up.

Q. What is the best rheumatic remedy.

Ans. Macrotys.

Q. What is the best remedy for sleeplessness?

Ans. Sulfonal.

Q. What is the best remedy for thrush.

Ans. Neutralizing cordial internally, and hydrastin sulph
as a wash.

Q. What is the best uterine tonic?

Ans. Helonia's Dioca.

Q. What is the best vesicant?

Ans. Oleum tigllii one part: polymnia uvedalia two parts.

Q. What is the best wash for old ulcerated sores?

Ans. Peroxide of hydrogen

Q. What is the remedy for xiphoid tenderness.

Ans. Potassium iodide.

Q. What is the best treatment for youk?

Ans. Sulphur.

Q. What is the best in zynosis of the stomach?

Ans. Diet mostly of beef with hot water as a drink.

NITRIC ACID.

This is the best escharotic known for general use, being stimulating and astringent. It excites a healthful and vigorous tendency to repairs.

SULFONAL,

I find this the sedative par excellence for children and where a quieting medicine is called for to induce rest and sleep, whether it be from an injury or disease, it has answered well, and leaves no bad after effects.

PYOKTANINO.

Have you tried this antiseptic and disinfectant? It is one of the most perfect germ destroyers known. Try it.

JUGLAN'S CINERA.

Why is it that this remedy is not more appreciated and used? There is no remedy in the Matria Medica unless it be Rhamnus Purshiana, that is equal to it in all forms of constipation.

Three little maids from the seminary,
Met three little boys with secondary,
And now they all take mercury,
Three little maids from school.

WOUNDS AND INJURIES OF THE ABDOMEN.*

BY M. E. VAN METER, M. D.

Prof., of Orthopedic and Clinical Surgery, in California Medical College, and Consulting Surgeon to the Sheltering Arms Hospital.

Mr. President, Ladies and Gentlemen of this Society: I have chosen for the paper, which I have the honor to present to you to-night, the subject of "wounds and injuries of the abdomen." And in doing this I do not know that I shall evolve any new principles, or add much that is of interest, to the literature that is now extant on this important branch of surgery. But the subject is one fraught with such vital importance to the patient and of so much interest, not only to the *surgeon*, but to the general practitioner—for it is this class of cases that fall into the hands of every one who practices the healing art. And what to do in such cases, is a question that is the most puzzling, with which they meet,—that I feel it my duty, both to my fellow man, whose life is at stake, and my fellow physicians, into whose hands the keeping of that life is placed, to contribute my mite.

Injuries of the abdomen and its viscera may be divided in to three general classes: incised, punctured and contused. And these may again be divided into the following varieties, viz.: Those involving the walls of the abdomen without penetrating the ventral cavity; those penetrating the ventral cavity without injury to the viscera; those penetrating the cavity with injury to one or more of the viscera, and lastly those cases where we have a displacement, contusion or laceration of some of the internal organs with no perceptible injury whatever to the abdominal walls.

Non-penetrating wounds of the abdomen claim no especial attention over wounds of other parts. They should be thoroughly cleansed and rendered perfectly aseptic, then

*Read before the Eclectic Medical Society, of San Francisco, April 6, 1891.

closed in the ordinary manner. In the case of gunshot wounds, we may probe carefully for the ball; though the finding of the ball, for the purpose of removing it, is of less importance of itself than the knowledge we may thus gain as to the probable course it has traveled. This is of especial value when the abdominal cavity has been traversed, though a bullet is so easily deflected, and its course may be so erratic that we can not be positive as to its course, nor the organs through which it has passed, except when its points of entrance and exit are diametrically opposite. All penetrating wounds are of a more serious nature than the non-penetrating; yet they are not necessarily fatal—though not many decades in the past they were thought to be so. Their greatest danger arises from internal hemorrhage and peritonitis. The former is to be treated by perfect quiet in a recumbent position, with wound at most dependent portion; cool, acidulated drinks, with ergot, turpentine or other constitutional hæmastatics. The latter is to be treated antiphlogistically and otherwise, as would peritonitis from any other cause. Penetrating wounds, involving one or more of the internal organs, are always dangerous, but not necessarily always fatal; their fatality depending greatly on what particular organ is involved, and the steps taken for their relief. Wounds of the kidneys and liver being less amenable to treatment than those of the spleen, bladder or intestines. There are certain symptoms denoting visceral lesions. Vomiting of blood would indicate a wound of the stomach, duodenum or possibly the gastric end of the esophagus; while blood being passed per rectum would indicate a wound of some portion of the intestinal tract below the duodenum. Blood in the urine will point to a lesion of the kidney, ureter or bladder. Wounds of the liver or spleen may not be recognizable when the penetrating body has entered at some portion of the body remote from their situation, as the symptoms would be the same as wounds of other organs, with large loss of blood. Shock is a striking feature of abdominal injuries, and is often altogether out of proportion to the amount of traumatism wrought. The patient suddenly be-

comes pale, and when there is much loss of blood, the lips are blanched, the extremities are cold, the countenance will wear an anxious expression, and there is general restlessness. The body will perhaps be covered with a cold, clammy sweat, especially in the stage of collapse. The respiration will be hurried and panting, or slow and sighing; and, as before stated, the amount of shock is often out of proportion to the amount of injury sustained. This is dependent on two conditions, both of which are controlled by the nervous system, though one is mental and the other is physical, e. g.: Some persons, through fright, add greatly to the amount of shock, while others who are not easily frightened are nevertheless so constituted that their nervous system suffers greatly from trivial causes. Our Civil War furnished many striking examples, illustrating cases of these two classes as well a third class, who would succumb to nothing short of complete annihilation. Some died on the field at once, from slight wounds, [fright], others after having received but a trivial wound, would linger for a few days or weeks and die, without the nervous system ever having recuperated from the shock; while others, of the third class, sustained injuries and sometimes numerous ones, through vital parts, and yet recovered. Prior to the war, it was the common belief of the laity and the teaching of the ordinary practitioner that penetrating wounds were necessarily fatal; and it can be said, to the shame of the profession, that many fatal cases, where the mental shock was greater than the traumatic, this ignorant teaching and practice was responsible for the fatality. If a man received only a slight knife wound, his friends would gather around him, tell him to make his will, then they would hurry a messenger off for the nearest physician. By the time the will was written the *learned doctor* (?) would arrive, with a great hurry and bustle, and a face as long as the "crowning act in a poor play." He would tell the poor victim, already half dead with fright, that nothing could be done for him; would hurry up the signing of the will—himself acting as one of the witnesses. He would tell his patient to kiss his wife and tell his sorrowing friends good-by,

which was scarcely done ere the scene had closed, the curtain had fallen, and life's drama had ended with the patient. He had died from mental shock. Hence, when called to cases of abdominal injuries, it behooves the physician to be particularly guarded in his prognosis, and careful of his own demeanor; and, though it may be necessary for him to act quickly, let him do it quietly, and never by word, look or act betray to the patient his anxiety; but, on the contrary, he should, by assuring words and looks, quiet the patient. All boisterous or meddling friends should be ejected from the room, or, if out of doors, driven away from the sight and hearing of the patient. The doctor should be firm in these matters, as a life may depend upon it. What is best to be done, he must quickly decide, and his directions pertaining to the same must be positive and emphatic; for on their prompt and proper execution may depend his professional standing as a man of resources in emergencies, as well as the ultimate success of his treatment of the case before him.

Treatment: As to the treatment of abdominal wounds more than ordinary care and judgment are necessary, of which, however, I will speak only in a general way, leaving the details to the ingenuity of the attending physician and the demands of the individual case, as it would make this paper entirely too long to enter into minute details of the different methods of operative procedure.

A non-penetrating, incised or punctured wound needs only to be rendered aseptic—which may be done best by thoroughly cleansing with a Mer. bichlor, Sol. [1-3,000 or 1-5,000], then closed and treated as wounds of other parts. Gunshot wounds may be gently probed with a bullet searcher, and rendered aseptic by wrapping absorbent cotton or tying a fine sponge on the end of a probe, and, after having saturated the same with an antiseptic solution, introduce to the bottom of the wound. This should be repeated till the operator is satisfied that all foreign matter has been removed and the wound has been made aseptic. If the bullet is located, and is accessible, it may be removed by bullet forceps or by cutting down upon it.

Penetrating wounds not affecting the viscera need only to be cleansed antiseptically and closed. Drainage is seldom required in these cases. Penetrating wounds affecting the viscera are always dangerous, and are rendered doubly perplexing, because it is never known what amount of damage has been done. It is this class of cases that tests the surgeon's judgment, courage and skill. An exploratory incision is the only possible means of determining the extent of the visceral lesions; and, though the judgment of the physician may prompt him to open the abdomen, very few have the courage to do so,—not perhaps because they feel a lack of skill, but because they have not the hardihood to risk justification at the hands of the relatives, friends, and, perhaps, jealous rivals. The symptoms demanding this procedure are profound shock, with collapse, whether there be a visible loss of blood or not, for there is either an internal hemorrhage or injury to some of the vital organs. When the attendant has decided to open the abdomen, the patient should be removed to the best room possible for air and light, and everything about the room and patient rendered aseptic. In opening the abdomen, it can best be done, in the majority of cases, by making the incision in the median line, the exception being when the wound is already large enough for making an examination, or can, by being slightly enlarged, be utilized for that purpose. Whether the examination be made through a new opening or the original wound, it should be thorough, every part being closely inspected, otherwise a wound of some important organ may be overlooked.

A single small wound of the intestines may be readily closed, but, if the wound be large and ragged, or if there be several openings near each other, it will be necessary to resect a portion of the bowel.

A serious wound of the kidney may demand an extirpation of that organ. A wound of the stomach is to be closed in the same manner as a wound of an intestine. Wounds of the spleen, if causing uncontrollable hemorrhage, will demand its removal. Wounds of the liver are always serious in their nature, especially if causing much hemorrhage, as

but little can be done in the way of treatment. The mesentery should be closely examined, as it is from its vessels that we get the chief hemorrhage from wounds of the bowels. Every bleeding vessel should be taken up and carefully ligated.

The foregoing treatment, where there is a wound of the viscera, being the only salvation for the patient, no physician having charge of a case, when there are symptoms of collapse, should hesitate to make an exploratory incision, and inspect every part of the viscera till he has found the injured organ. Though there will be more or less shock in all abdominal wounds, there will not be symptoms of collapse unless there is serious injury to vital parts, or great loss of blood. Therefore, when treating cases of abdominal injuries, when there is no severe primary hemorrhage, we may treat them expectantly till the development of symptoms of collapse; for the appearance of which the attendant must ever be on the alert, and be prepared to operate on short notice, as the loss of a few hours, or even one hour's time, may prove fatal, if the collapse be due to hemorrhage.

In cases of internal injury, when there is no external wound, profound shock or collapse is our only guide, and always demands operative interference. The physician who will stand idly by and see a patient going from bad to worse every hour, and whose injuries are such as to justify the belief that there are serious internal lesions, such physician is either ignorant or a coward. He should explain to the friends of the patient the serious nature of the operation, and that he may die; but to leave him alone is inevitable death. The doctor should then go boldly to work and open up the abdomen, making his incision long enough for a free exploration of the parts that are likely to be involved, and thus give the patient the only chance, though small it may be, of life.

NOTES BY THE WAYSIDE.

BY H. T. WEBSTER, M. D., OAKLAND, CAL.

THE extensive use being made at present of the phonograph for the reproduction of music, for the amusement of the public, has suggested its use for the registering and reproduction, for the clinical use of medical students, of the various abnormal sounds liable to be met with in practice, and which are not always to be had at the appropriate time of medical instruction, in the usual way, even when a hospital of considerable size can be drawn upon for material.

Ingenuity and perseverance will enable the average clinical teacher to afford to a class of students all the sounds to be met with in auscultation and percussion, the coughs of pertussis, croup, measles, asthma, pneumonia, bronchitis, etc., the *cry encephalique*, and other striking audible diagnostic tones, thus doing away with the need, in many cases, of clinical material, and having the required sound at a moment's call when desirable to refer the student to it. Without doubt the time is near at hand when a phonographic outfit, with a proper equipment of rolls, will be an important part of the paraphernalia of every medical college.

Large institutions will then possess little advantage over smaller ones in the way of clinical instruction.

THE much-discussed subjects of asepsis and antisepsis promise to be finally evolved into the condition expressed by the single and simple word "cleanliness." It has long been evident to me that too much parade in the matter of "antiseptic precautions" in surgical cases, serves to render operations tedious, and prolong the exposure of patients to the greatest of all the dangers of such cases—profound anesthesia. The sooner a surgical operation is terminated and the anesthetic removed, the better, so the operation is well done; and time frittered away in too much attention to antiseptic details may be valuable time fatally wasted. To say the least, this is one serious objection to too much antiseptic

precaution. Clean instruments, clean hands and clean surroundings, with proper attention to cleanliness after the operation, is pretty good antiseptic precaution.

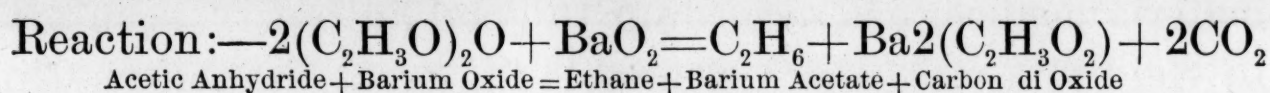
The Therapeutics of Diet will some day constitute a subject of considerable magnitude in medical literature. Diet as an auxiliary to therapeutics has its important role, but therapeutics of diet proper assumes another position. Some articles of food are important therapeutic agencies. Hepatic cirrhosis, an apparently incurable condition by the ordinary materia medica, has, according to good authority, been made to yield to a milk diet. Seminola the great Neapolitan Clinician asserts, upon the strength of careful and long continued observation, that whenever the chronic inflammation of the perivascular connective tissue has not yet reached its regressive phase, the most serious symptoms of the cirrhosis will be ameliorated when the patient is confined to a strict milk diet. An acquaintance of the writer who has been for years a severe sufferer from indigestion hinging apparently upon some lesion of the pancreas or liver, has obtained the only pronounced relief from the use of salad oil in large quantities. A few years ago while prostrated and apparently upon a bed of final illness, the only remedy except an opiate—and this acted badly afterward—that would insure a night's repose was a tumblerful of salad oil drank at bedtime. This seemed to quiet disturbed nerves and impart such a soothing effect as to bring on a restful sleep prolonged into morning hours, while it afforded the only diet that the digestive organs would tolerate kindly. During this time the stools were a peculiar saponaceous compound. This person now frequently resorts to the eating of a few pickled olives before partaking of a meal as a safeguard against post-prandial abdominal discomfort, and finds the precaution very effective. We have, some of us, heard of raw oysters curing a cold, and possibly have verified the proposition. These are only a few illustrations of this subject, which ought to be expanded, and will be in time.

ORGANIC CHEMISTRY.

BY PROF., M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO CAL.

Professor of Chemistry and Toxicology, in the California Medical College

Ethane (C_2H_6) Ethyl Hydride $\overline{C_2H_5^1H^1}$, dimethyl $\overline{CH_3^1-CH_3^1}$
This is a colorless and odorless gas, condensable at 4° and 46 atmospheres. It may be prepared by decomposing Zinc ethyl $(C_2H_5)_2Zn$ with water, also by heating acetic anhydride with barium peroxide.

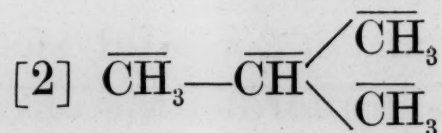
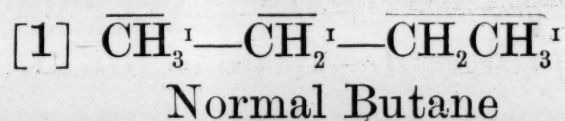


It dissolves in alcohol but not in H_2O . Added to chlorine it forms ethyl chloride (C_2H_5Cl). In diffused sunlight higher compounds are formed when excess of chlorine is present.

Ethyl (C_2H_5) is a positive organic grouping or radical, acting in every way similar to methyl, only in a greater degree

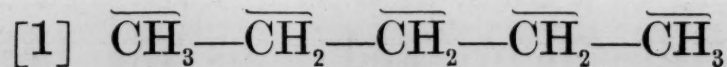
Propane (C_3H_8) or ethyl-methyl ($C_2H_5^1-CH_3^1$) occurs dissolved in crude petroleum. It is made by the reaction of Zn and Hydrochloric acid (HCl) upon 2 propyl iodides (C_3H_7I) it is a gas but becomes a liquid below 7° . Alcohol dissolves about 6 volos of it.

Butane (C_4H_{10}) (Tetrane.) This compound has 2 isomerides:

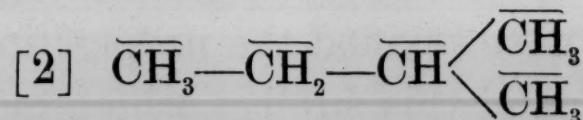


Isomeric Butane or Trimethyl Methane or *Isopropyl Methyl*. also called Isobutane. It condenses to a liquid at -17° .

Pentanes (C_5H_{12}) has three isomerides:—

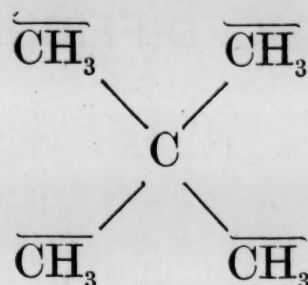


Normal pentane, boiling point 38°



Dimethyl ethyl methane boiling point 30°

Isopentane



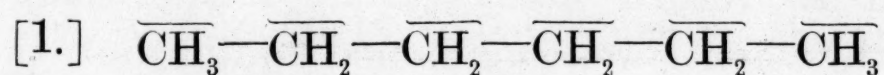
Tetramethyl methane, boiling point 10°

[1.] Normal Pentane exists in petroleum and light tar oils of cannel coal. Not obtained by synthesis. Sp. gr. .626 at 17°

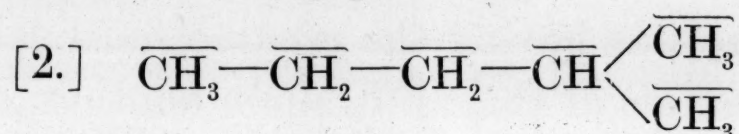
[2.] Isopentane is present in petroleum and is obtained from the iodide of amyl alcohol by fermentation. Sp. gr. .638 at 14°

[3.] Trimethyl Methane solidifies to a white mass at -30°

Hexanes (C_6H_{14}) Dipropyl. Five isomerides are possible.

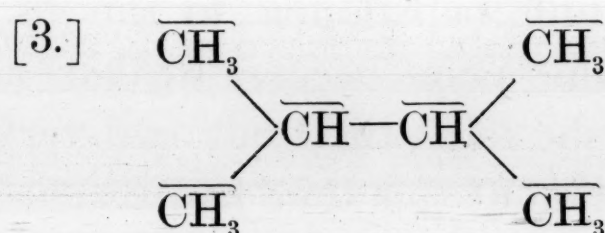


Normal Hexane, boiling point 71°

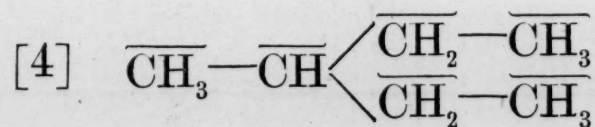


Propyl - dimethyl - methane.

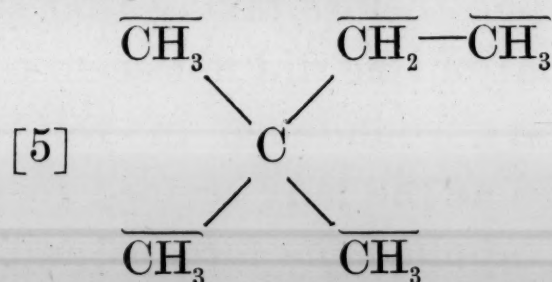
Propyl - isopropyl, boiling point 62°



Diisopropyl, boiling point 58°



Diethyl - methyl - methane.



Try - methyl - ethyl methane, boiling point 43 to 48°

Four of these are known. Normal occurring in petroleum.

It may be prepared artificially.

OBSTETRIC DIFFICULTIES.

E. H. MATTNER, M. D., SAN FRANCISCO, CAL.

IN our last JOURNAL I noticed an article on "Obstetrical Blunders." In this issue I wish to present to the readers a case of *Obstetric Difficulties* which occurred in my practice of late. I was telephoned for last December at 8 P. M. to attend a Mrs. C——, in her second confinement, her first baby being now sixteen years of age; having had none during this time, nor any miscarriages. I found her having slight and irregular labor pains, and upon an examination a rigid and undilated os was found. Under those circumstances, I concluded to return home again. I had been home but a few hours when I was summoned again; but this time to come *immediately*. Having arrived at the bedside, I found this time that she was having the *genuine* hard labor pains, and at short intervals at that; but, upon another digital examination, found the os just as rigid and undilated as before. I now concluded to administer a five drop dose of gel-seminum, and apply ung. belladonna to the os. In about one hour after that the pains became weaker and weaker, and she seemed as if she felt—tired out and very much exhausted. The dilatation at this time had reached about the size of a silver dollar. The presentation was natural, but she began to complain of a very faint and sinking feeling, and pains almost entirely gone. Calling her husband to one side, I explained the situation of the case, telling him that I would have to resort to instruments in order to save both mother and child, and before taking that step would like to have a consultation; but he did not seem to see it in that light. "I have every confidence in you, doctor, go right ahead," he said; and as the lady seemed to get worse and no time to be lost, I applied the forceps and delivered a ten-pound baby girl. The placenta came away shortly after. The perineum, of course, was ruptured. At this time she had almost recovered again and ask to see the baby.

No unusual hemorrhage occurred at the time, but a sequel which was quite unexpected followed. In about half an-hour I was going down stairs, when the husband called me back, and on my return found her gasping for breath—pulseless, pale, cold, unconscious, eyes turned upward, apparently dying. I made a hasty examination, but found no hemorrhage, and discovered nothing that would account for such a condition. I mixed up brandy 2 parts, spt. ammon. aromat. 1 part, and water about 2 parts. Of this mixture I gave her a few hypodermic injections till she could swallow, and in fifteen minutes I had the satisfaction of finding the radial pulse again and observing other signs of returning life. Several times during the next two hours similar symptoms presented, but, by careful watching and application of hot bottles to the body, and the use of the stimulus, she “pulled through,” made a slow but sure recovery, without any further alarming symptoms.

Now, what was the cause of the sudden change? Had perhaps the gels. or the ung. bell. anything to do with it? Was it the reaction having borne up bravely through the crisis—like one does in case of fire—and then sinking exhausted when all is over? or was it shock similar to surgical shock.

BEHIND TIME.—Our printer has been sick, and there have been many adverse circumstances with which we have had to contend, and in spite of our best efforts we are again behind time with this issue; but hope soon to come out promptly, bright and smiling, and full of good news, to the busy practitioner, on the FIRST of each month.

All Original matter MUST be in by the FIFTEENTH of the month to insure its insertion in the next issue.

Please remember this and it will enable us to get our Journal out on time, and you will know when to expect your article to appear.

V.

SELECTIONS.

Antiseptic Irrigation for Chronic Synovitis.

tained falls short of that which could be desired. A plan of treating such affections which has been occasionally adopted with success is advocated as being worthy of more frequent employment by Dr. M. H. Richardson of Boston. This consists in first withdrawing from the diseased joint the fluid effused into it by means of an aspiration syringe, and then injecting into it a quantity of a five per cent. solution of carbolic acid, from three to five ounces or more. Massage of the joint is then carried out to insure that all its structures are brought well into contact with the antiseptic liquid, which is then allowed to escape, aspiration assisting in the process. The returning solution is turbid from the presence of coagulated albumen, which may possibly exist in amount sufficient to block the aspirating needle more or less completely. The joint having been thus emptied, the limb is fixed on a splint and pressure applied. After a few days it is found that pain is quite absent, and the joint scarcely at all full of fluid, while in two or three weeks cures seem to be quite effectual. A plaster of Paris bandage is recommended to be worn for a time. The situation advised for insertion of the needle is the outer side of the joint opposite the upper edge of the patella, and in case a reaccumulation of fluid takes place Dr. Richardson advises that a repetition of the operation should be resorted to, but he insists on the propriety of not adopting it in the first instance unless the less radical means of alleviating the condition of the joint have received fair trial. He reports several cases in illustration of the advantage derived from the proceeding; in all very marked improvement and restoration of usefulness took place.—*Med. Press and Circular.*

How to Gargle.

The fluid which is to be gargle is taken into the mouth so that the latter is a little more than half full. The patient is then told to bend the head back, open the mouth wide and make a complete movement of swallowing, not allowing the mouth to close. The movement of swallowing must be as complete as if intending to send the fluid into the stomach, but if the mouth remains open none, or only a very limited portion of it, ever gets any further down than the œsophagus. The movement of swallowing completed,

THE treatment of chronic joint swellings, especially of the knee, is often a matter of discouragement, owing to the unsuccessful nature of the results obtained. Such measures as rest, compression, and aspiration may and perhaps do, in some few instances, lead to a degree of improvement, but certainly the rule is, that the end at the air is allowed to gargle through the fluid in the usual way as long as is possible; and when the fluid must be ejected, the patient, placing the tip of the tongue against the incisor teeth of the upper jaw, nods the head quickly forward and the fluid runs out into the vessel waiting to catch it. If there is no obstruction in the nasal passages to prevent, and the patient has successfully followed instructions, the fluid, on being ejected, will pass up back of the soft palate and come out through the nose; moistening all parts of the nasopharynx in its transit. Experience shows that while only one movement of swallowing with the mouth open is necessary, the presence of the fluid so far down the throat causes the desire to repeatedly swallow, but so long as the mouth remains open far from being a detriment, it is a direct assistance to the performance of the act. This fact is especially true of the last act of gargling, viz., the passage of the water through the nose.

The repetition of the swallowing more perfectly dilates the pharynx, allowing the fluid free entrance to its cavity, and by so doing relaxes the soft palate, which is essential for the fluid to get from the pharynx out of the nose.—*Dr. H. L. Swain, in Medical Record.*

Hydrastis, Conium and Phytolacca in Cancer of Breast.

A few days ago I received a letter from Dr. R. Wilson Carr, of Sedalia, Mo., asking if I would give him my method of using hydrastis and conium in cancer or scirrhus of the breast. I take this opportunity of stating my method.

1. I always use the mother tincture.
2. I give five drops at a dose, three or four times daily; sometimes I alternate them, hydrastis before and conium after meals. In three successful cases I mixed the tincture, equal parts, giving ten drops three times a day.
3. The indications are as follows: hydrastis when the tumors are hard and painful.
Conium where they are rather small, hard and painless.
(Phytolacca is better than either when the swelling is soft, or nodulated, and painful on pressure, or the pains extend to the axilla.
Dose—Same as the others.)
4. The medicine should be continued for months. It requires a

long time to make a decided impression on hard tumors. Neither medicine will do good in *open* cancer.

5. A writer in the *Advance* attempts to ridicule the *mixing* of two medicines, asserting that the mixture will produce symptoms differing from either.

This I assert to be impossible. It can not be proved. That dogma is based on prejudice, and on ignorance of chemistry.

6. I am sure the arrest of growth and final disappearance of those growths are hastened by the application of a plaster in which is incorporated one or more of the above medicines. The plaster should fit the mamma closely.—*E. M. Hale, in N. Y. Medical Times.*

The Education of the Senses in Medicine.

It would be a wise measure if medical students had, as a part of their curriculum, systematic courses in the training of the special senses. Some people are born quick and observant, with keen eyes and ready hands; but these are in the minority. Yet everyone can easily train his senses to better work, and it is of vast importance to physicians that this should be done. The eye, the sense of touch, and the musclic or co-ordinating sense especially need training.

The student, after glancing over a patient, should be able at once to enumerate every point in physiognomy and physical structure.

Trained newspaper reporters will enter a room, and after a minute's inspection can write down all the details of its arrangements.

The physician's eye should make a similar report of the body of his patient.

The color of the face, skin, the eyes, the lips, the expression, the posture, the movements, the voice, the breathing, the condition of nutrition, should be taken in at a glance. Practice compels all physicians, if successful, continually to learn to do this, but training for it cannot be begun too early. The sense of touch and pressure needs especially to be cultivated. For this purpose the physician should pay attention to the care of his hands. They should be kept clean, soft, and pliable, and should be much protected by gloves. The rough and dirty finger can never be a delicate organ of touch. The *tactus eruditus* can only come after long experience, but less experience will be needed if proper systematic direction is given to the effort. The pulse is an excellent thing upon which to practice. Some surgeons cultivate the use of certain fingers for certain purposes.

Thus Dr. Hachenberg (*Cincinnati Medical News*) recommends:

1. The touch with the tip and inner surface of the end of the right index-finger for the examination of hidden parts, as os tin-

cæ, rectum, throat, bottom of wounds, etc.

2. The inner surface of the ends of the index and middle fingers of the left hand for the examination of external parts of the body—for fluctuations of various kinds, edema pulsations, to determine the character of early cutaneous eruptions, as in small-pox, ect.

The need of a highly cultivated sense of touch and pressure is very great in external examination of the abdominal walls, and in surgical, obstetrical, and gynecological practice. Dr. Tait says, in his work on *Methods of Diagnosis*:

“It is perfectly impossible for me to convey, by any kind of description, how I can tell by the touch an inflamed vaginal mucous surface from one that is healthy; neither can I describe the feeling that the everted surface of the cervix gives to me which declares the condition of chronic endometritis. But I know that my educated finger-tips can make this distinction. If, on the other hand, I discover a pelvic tumor, long practice enables me to tell with almost perfect certainty, and without the use of the sound, that it is a retroverted fundus or adherent tube or ovary, or by its fading away toward the broad ligament, on one aspect of the uterus or another, that is an intraperitoneal hæmatocele; while the peculiar resistance of a myoma conveys to my mind an accurate impression which needs no probing the uterus to substantiate. So a cyst reveals itself in a way I cannot communicate.

“Pregnancy, the rock ahead to inexperienced practitioners, can be infallibly revealed by palpitation. First of all, there is fluctuation, due to the liquor amnii, and it can be easily detected, and this declares the cystic nature of the mass. If the hand be made to lie gently on the parietes for a few minutes, a rhythmical contraction of the uterus, by which at one time it is hard as a cricket ball, and at another soft as a cushion, will become perfectly apparent, and this is an infinitely more certain sign than the foetal head, or the sound of the placental bruit.”

The education of the ear is also imperatively required by the physician. Every one remembers how hard it was at first to hear a cardiac murmur, and distinguish the different rales. The intonations of the voice, and even the fall of the foot, are things full of meaning to the physician.

The olfactory sense is perhaps least of all used in diagnosis though it is the quickest of all the senses to detect unsanitary conditions, whether external to the body or internal. The nose insists on pure air and cleanliness, and thereby this modest organ has no doubt saved countless lives. The olfactory organs are the most delicate of all the special senses, and perhaps olfaction may in time be more systematically used in the doctor's search after the pathological—*The Medical Record*.

EDITORIAL.

SHIN PRESENTATION.

Mrs. —, an ignorant German girl, came to my clinic to make arrangement for her coming confinement. As I was not present, she was examined by a student, who told her she would not be sick for two weeks. Two days later, her labor came on, but, as she told me, she had been told she would not be sick for two weeks, she supposed it was all right to have pains; hence I was not called until she had been in labor two days and nights. On my arrival and examination, I found the uterus fully dilated, membranes ruptured and child in the knee-chest position, with head in right iliac fossa. The first thing felt on digital examination was a shin, which could be traced to a foot on one side and a knee on the other. Labor pains had entirely ceased. I soon brought down the feet and delivered up to the shoulders. Here I met with some trouble, and before I could possibly get the shoulders through, the cord had ceased to pulsate and the feet and legs were becoming livid. Knowing that death to the child was imminent, I worked as fast as I could, but it was a full half hour after the circulation had ceased in the cord before I delivered the head, which I had great trouble in doing. I then began trying to resuscitate the child, trying every means of which I had ever heard,—hot and cold water, tossing up and down, holding up by the feet, inflating the lungs, etc.,—but the best means which I found to excite the respiratory act was, laying the child on its back and striking it sharp blows with the open hand over the heart and lungs. After twenty minutes of active work, I was rewarded by seeing the first gasp, and in fifteen minutes more the breathing was fully established. I wish to mention two or three points of interest in connection with the case: First, the position of the child; Second, The length of time of

suspended animation, which was, at the least, forty minutes from the time pulsation in the cord ceased till first respiration; Third, I have lately seen in some medical journal, advising, in cases where the head is last born, the introduction of a Sims speculum posterior to the head, and, by making traction backward, allow the air to enter the vagina up to the child's mouth, thus preventing asphyxiation. I think the idea a good one and well worth trying. The same writer says as long as there is a livid condition, there is hopes of resuscitation, but when there is a marble like pallor, it denotes positive death. With this last statement I can not concur, for just such a condition presented in the case just reported. There was, when circulation was first cut off, a decided cyanotic condition, but long before respiration was established, the skin was cold, white and flaccid, and the cord, which had been left untied, would not bleed a drop until after the first respiratory act, showing that the child was absolutely dead, as there was no heart beat as well as no respiration.

One thing more: The above case and others I have had to deal with have taught me to not despair of success at resuscitation, unless animation has been suspended at least one hour. I do not believe there is a fixed line, in the case of still-born infants, where reanimation is impossible. It may be ten minutes in one case and thirty or forty minutes in another.

V.

BALSAM PERU AS A SURGICAL DRESSING.

BALSAM Peru is the dressing par excellence in any and all kinds of wounds. It keeps the wounds clean and sweet; keeps the dressing from sticking, and is without the bad odor of iodoform. Whether it is a germicide or not I do not know; but I do know that it is the rule and not the exception for wounds, with this dressing, to heal by first intention; hence I have concluded that if it is not a germicide directly, it is nevertheless an antiseptic dressing, as no living germ can pass through a good coating of the Balsam.

It is especially useful in wounds of the scalp, face and hands. In larger wounds, iodorm, bichloride or other antiseptics may be incorporated in any proportion, and the balsam proves one of the best vehicles for their application, besides its own individual merits. In old ulcers and gangrenous wounds, it acts like a charm, cleaning out the dead tissues and promoting healthy granulations. In deep, ragged wounds, and where there has been a portion of bone removed, I fill the wound with the balsam from once or twice a day to once in two or three days, according to the amount of sloughing and discharge. In small, incised wounds, or injury to the head, face, hands or feet, I first wash the wound with a solution of mercuric bichloride, and, after having adjusted the parts by stitches or otherwise, I saturate a compress with the balsam and apply, changing as often as required, and no one can have more gratifying results.

V.

SPECIAL NOTICE.

WE wish to call the attention of the Eclectics of the Pacific Coast to the fact that it takes money to publish a medical journal, and it takes a good, live journal to keep the active practitioner abreast with the advance of medicine and surgery. No true Eclectic ought to be without a journal advocating the principles he practices, and no Eclectic with any snap to him would allow a home journal espousing the cause of Eclecticism to languish and perish for the want of support, when, by contributing the small amount of one dollar, he could help along the cause, and at the same time keep himself posted by having at hand a journal setting forth the true principles of Eclectic medicine. If our journal is worth anything, it is worth one dollar; and we now ask once for all that the Eclectics of this coast give us their support by at once sending in their subscriptions.

This number makes the third of the new JOURNAL of 1891 which we have sent out, and we wish it distinctly understood

that it is the last copy we will mail without subscription price is received, except to persons who have not received the January or February numbers, and to those to whom it is sent free. Now, if you have any love for the principles of Eclecticism, and want the JOURNAL and do not want to miss any of the numbers for the volume of 1891, see to it that we receive your subscription before the April number, otherwise your name will be dropped from our mailing list. V.

A SKIN REMEDY.

A saturated solution of salicylic acid and collodion will be found very efficacious in many forms of skin disease, especially where there is much itching. A good coating should be spread on, with small brush, once or twice a day. Many cases will be cured by this treatment alone, and nearly all cases will be benefitted. V.

OUR Announcement for 1891 is now out. If you do not receive one, but feel an interest in the progress we have made, and the bright prospects for the future of our school; send to D. MACLEAN, M. D., 6 EDDY STREET, S. F., and ask him to mail you a copy; and after a careful perusal of its contents, send your friends to the California Medical College. V.

WE wish to call your especial attention to the good sound article, from the pen of Dr. Fearn, in this issue. If the physicians, on this coast, who claim to belong to the Eclectic Brotherhood will adopt and carry out the principles set forth by Dr. Fearn, we will have a bright, newsy, instructive and interesting Journal. We not only want your dollar and your name on our mailing list, but we want you to help us fill its pages with any and everything that may have fallen under your observation, or that you may have learned by experience, that you think will interest the profession in general. Report your interesting cases be they medical, surgical or obsterical. V.

SPECIAL NOTICE TO SUBSCRIBERS.

We shall publish each month the list of names, with the amounts received, for subscriptions the month before. This will be your receipt for subscription money, and will save us the trouble of making out receipts and sending to each one separately. Keep your eye on the list and see that you are receipted, and if you have been overlooked, please notify us, stating as near as you can the date of your remittance. Remember, your name ought to appear in the issue of the month following the month in which you send subscription money.

V.

Amounts received during February for subscriptions:

Dr. Colerick	\$1.00	C. A. Burleigh	1.00
Dr. Dice.	1.00	N. F. Gates	1.00
T. D. Hall	1.00	J. A. McKee	1.00
F. A. Hamilton	1.00	W. A. Harvey	1.00
C. P. Higgins	1.00	R. A. Hasbronck	1.00
J. M. Cain	1.00	M. E. Van Meter	1.00
C. L. Murray	1.00	D. Maclean	1.00
G. W. Rightenour	1.00		

WEDDING BELLS.

A quiet but impressive wedding took place on the 5th inst., at 2 P. M., at Santa Ana, Los Angeles county, at the home of Mrs. C. L. Scott. The contracting parties were Dr. David Rees and Miss Maggie, eldest daughter of Mrs. C. L. Scott. The family and intimate friends only were present. The Rev. C. J. Chase tied the nuptial knot in an impressive manner. Immediately after the ceremony, Dr. and Mrs. Rees left for Los Angeles; thence to San Francisco for a short honeymoon. They will be "at home" in Weaverville, Siskiyou Co., after the 18th inst.

Dr. Rees is a promising young physician of Weaverville, having graduated from the California Medical College in San Francisco with high honors. He is certainly deserving of the woman of his choice. The JOURNAL joins with their many friends in wishing the happy couple success, happiness and prosperity.

V.

BOOK NOTICES.

THE PRINCIPLES OF MEDICINE, AS APPLIED TO DYNAMICAL THERAPEUTICS, by Herbert T. Webster, M. D., Professor of the Principles and Practice of Medicine and Pathology; formerly Professor of the Theory and Practice of Medicine in the California Medical College, etc., etc. Designed as an introduction to the study of Eclectic Medicine. Published by the author, at 855 Broadway, Oakland, California. Price in cloth, \$2.50.

Prof. Webster has given us his thought in a neat volume of 168 pages of antique laid paper. One mistake is noticeable on opening the book, to wit: the doctor has slighted his friends by not having a good lithograph cut of himself in the fore part of the book. This work he states is an introductory to a work on practice, which in due time is to follow. If the coming volume is to be as good accordingly as the one under consideration, we may look for a more agreeable surprise than we have already been so timely, opportunely and kindly treated to.

The writers plan of presentation is a division of the subject into the Introduction,

Therapeutic Classification,

The Old Classification,

Dynamical Therapeutics. Relation of pathology to dynamical therapeutics. Relation of physiology to diagnosis and therapeutics. The blood. Blood making. The pulmonary circulation. Oxygen artificially supplied. The portal circulation. Blood pressure. Arterial tension. The pulse. The temperature. The alimentary canal. The tongue. The nervous system. The cerebrum. The medulla oblongata. The spinal cord. The sympathetic nervous system. Secretion and excretion. Pain.

The Science and Art of Prescribing, with sub-divisions. The quality of drugs, Form for administration. Not the least by any means comes—

The question of dose. The single remedy versus combinations. Prescription writing. Infusions and decoctions.

The Medicine Case, Index, Finis.

All of this is made plain, though Anglo-Saxon words do not come into use as much as Prof. King would have used them. But those who have been taught the physiological action of remedies will easily grasp the writers ideas and become the possessor of valuable information.

The use by the author of the word "Dynamical" seems rather vague, as some other might have been used that would convey the meaning desired—a word of common every-day talk; but it does not take away any real worth from the book. Other faults can be found, but, remembering the explanation given in the preface, it becomes easy for practitioners to see how the cares and busy life of a fellow-physician make errors in writing words so as to convey thought.

Some parts of the subject show the effects of Homeopathic teaching, and will be new to many, who have not investigated, in eclectic manner, the good things that have come from that source. Truths we should not overlook, and that Dr. Webster has not been guilty of doing that is plain, for surely his investigations show that truth has been grasped regardless of school. Some of the theory has been advanced by Prof. Scudder, so that readers of his works may not notice the plan as much as those whose teaching was received from other Eclectic writers.

Yet, originality and individuality are strongly marked, making the work interesting and very instructive. Whether or not the reviewer can sanction all that is taught as to the action of some remedies mentioned only experience, the result result of trial, can prompt the answer. The author states firmly that certain remedies in his hands give certain results, as a rule, and his reputation as a successful practitioner should lead us all to investigate.

I believe this is the first work written by an Eclectic on the Pacific Slope. That it is a step in the right direction, all of us must acknowledge, adding as it does to school wealth. Regardless of errors which the Doctor tells us exists, it is a credit to California students and practitioners. Comparing it with other works, it ranks among the best, and must be the forerunner of a work on Practice which will be in all Eclectic libraries.

As a text-book it should enable students to lay aside old school publications, which are in use by many. As a reference book it is excellent.

R. A. H.



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Prof. of Practical Chemistry to Pharmaceutical Society of Great Britain.

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